

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Campaign for American Principles	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544387 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Strategic Media Services, Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2016</div> </div>	
Mailing Address 1911 North Ft. Myer Dr., Suite 400		Amount <div> <div>145000.00</div> </div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.4572 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2016</div> </div>
Purpose of Expenditure Cable Media Buy		Category/ Type	
Name of Federal Candidate SCOTT GARRETT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<div> <div>145000.00</div> </div>	District: <u>05</u> State: <u>NJ</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Media Services, Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2016</div> </div>	
Mailing Address 1911 North Ft. Myer Dr., Suite 400		Amount <div> <div>25000.00</div> </div>	
City	State	Zip Code	Transaction ID : SE.4573 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2016</div> </div>
Arlington	VA	22209	
Purpose of Expenditure Digital Media		Category/ Type	
Name of Federal Candidate SCOTT GARRETT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>170000.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	170000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Campaign for American Principles		FEC IDENTIFICATION NUMBER ▼ C C00544387	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Media Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 1911 North Ft. Myer Dr., Suite 400		Amount 15000.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.4574
Purpose of Expenditure Media Production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016	
Name of Federal Candidate SCOTT GARRETT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 05 State: NJ	
Calendar Year-To-Date Per Election for Office Sought 185000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	185000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date

MM / DD / YYYY
09 / 16 / 2016

Signature